

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/535688 FILING DATE [REDACTED]
APPLICANT(S) [REDACTED]

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←	24	←	26	←	←
TOTAL CLAIMS		24	26			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓				↓
TOTAL DEP.	←		26	←		←
TOTAL CLAIMS		24	26			